

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/555891

FILING DATE

30 NOV 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	↓	2	↓		↓	
TOTAL DEP.	←	44	←		←	
TOTAL CLAIMS		46				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/.		
52				/.		
53				/.		
54				/.		
55				/.		
56				/.		
57				/.		
58				/.		
59				/.		
60				/.		
61				/.		
62				/.		
63				/.		
64				/.		
65				/.		
66				/.		
67				/.		
68				/.		
69				/.		
70				/.		
71				/.		
72				/.		
73				/.		
74				/.		
75				/.		
76				/.		
77				/.		
78				/.		
79				/.		
80				/.		
81				/.		
82				/.		
83				/.		
84				/.		
85				/.		
86				/.		
87				/.		
88				/.		
89				/.		
90				/.		
91				/.		
92				/.		
93				/.		
94				/.		
95				/.		
96				/.		
97				/.		
98				/.		
99				/.		
100				/.		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

BEST AVAILABLE COPY